

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022408

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registration No.

5773

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> , Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b> , Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b> , Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3415 Klocke St.</b> , Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ida Wiegner</b>		4. DATE OF DEATH Month Day Year <b>May 29, 1963</b>	
5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/3/1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>80</b>
13a. FATHER'S NAME <b>Theodore Kaliner</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Grosspuetsch</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <b>August Wiegner, (dec'd).</b>	
17. INFORMANT <b>Joseph W. Wiegner, 3417 Klocke St.,</b>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cardiac failure</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Cardiovascular renal syndrome 1 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442x</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1961</b> to <b>5-29-63</b> and last saw her alive on <b>5-29-63</b> . Death occurred at <b>9:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edith Kaliner MD</b>		22b. ADDRESS <b>3654 S Grand</b>	
22c. DATE SIGNED <b>5-31-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>	
23b. DATE <b>6/1/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery.</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Gebken-Benz Mortuary, Inc. 2842 Meramec St. St. Louis, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>MAY 31 1963</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed

Jac B. Benz

Licensed Embalmer No. 4249  
2842 Meramec St.,  
P. O. Address St. Louis, 18, Mo..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.